



JOHN ENGLER, Governor

DEPARTMENT OF COMMUNITY HEALTH

LEWIS CASS BUILDING

LANSING, MICHIGAN 48913

JAMES K. HAVEMAN, JR., Director

DATE: July 15, 2001

TO: Superintendents of Local & Intermediate School Districts and School Building Principals of All Public, Private & Parochial Schools

SUBJECT: Immunization Requirements for Children Entering Kindergarten or a New School District in Grades 1 - 12 during the 2001 Calendar Year

Vaccine-preventable diseases are still seen in Michigan, and in many cases, they cause disability or death. Immunization is one of our most cost-effective measures to protect children from these diseases. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Since 1978, state law has required that each student entering kindergarten or a new school district in grades 1-12 have a certificate of immunization **at the time of registration or not later than the first day of school.**

Before a child can be permitted to enter or attend school, parents or guardians must present documentation that their child has received all required doses of vaccines or that their child has received at least one dose of each of the required vaccines and is waiting to receive the subsequent doses at the appropriate time intervals.

There are three circumstances in which a required vaccine may be waived or delayed:

1. A valid medical contraindication exists to receiving the vaccine. A medical waiver must be completed and signed by the child's physician stating the contraindication, the vaccine or vaccines involved, and the time period during which the child should not receive the vaccine or vaccines.
2. The parents or guardians hold religious or philosophical beliefs against receiving a vaccination. This waiver must be signed by the parent or guardian.
3. The child has received at least one dose of each immunizing agent and the next dose or doses are not yet due.



A child who has not met the immunization requirements should not be admitted to school. The Michigan Department of Education (MDOE) has determined that pupils excluded from school because they have not completed the required immunization schedule for school entry may be granted an excused absence if permitted by local school district Board of Education policy. Pupils excused on the Pupil Membership Count Day and the next ten consecutive school days may still be counted for state school aid if they physically return to school within 30 calendar days from the Pupil Membership Count Day.

IP-100 reports of new enterers' immunization records must be submitted by November 1, 2001, and February 1, 2002, as required by law. The November 1 report should include all students who entered the school from January 1, 2001, through September 30, 2001. The February 1 report should include all students who entered the school from January 1, 2001, through December 31, 2001. The white and yellow copies should be sent to your local county health department. **Please attach copies of all waivers to the IP-100 report to be sent to the local health department.** The pink copy of the IP-100 should be retained for your own records. As students with provisional status receive additional immunizations or new students enroll during the year, the school's copies of the IP-100 forms should be updated. Keeping your information up-to-date will be critical for you in the event of an outbreak of a vaccine-preventable disease or an audit by the health department or MDCH Immunization Field Representative. A summary of the immunization requirements for school enterers and supporting information are enclosed to assist you with completion of the immunization report for your students.

The School Immunization Recordkeeping System (SIRS) is a software application designed to process children's immunization records and to replace completion of the IP-100 forms by hand. SIRS assesses immunization records according to the most current immunization requirements for school enterers. If your school uses SIRS, you should submit a computer-generated *IP-100 Report* instead of manual IP-100 forms. **Please attach copies of all waivers to the IP-100 report to be sent to the local health department.** The software and technical assistance are provided free of charge. The Help Desk telephone number for callers outside the Lansing area is 800-203-0614 ext. 27, and for the Lansing area it is 333-9363 ext. 27.

Schools are reminded that Section 167 of the School Aid Act for FY 2001-2002 states that school districts will have 5% of their state school aid funds withheld by MDOE if they are not in compliance with the provisions of that section. Specifically, by November 1, 2001, a school district must have at least 90% of its entering pupils with a completed, waived, or provisional immunization record to avoid the 5% withholding.

For the February 1, 2002, assessment, at least 95% of entering pupils must have a completed, waived, or provisional immunization record to avoid the 5% withholding. Submitting your school's immunization records before the November 1 and February 1 deadlines will enable your local health department to expedite review and any corrections of your data.

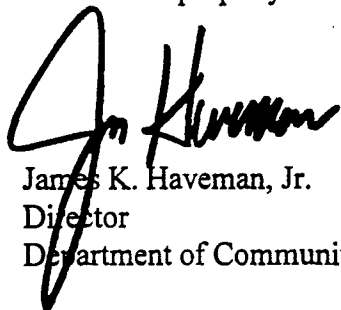
Since 2000/2001 School Year, all new entrants are required to be vaccinated against hepatitis B (HBV) before entering school.

In addition, **beginning 2002/2003 School Year**, all new entrants will be required to either be vaccinated against varicella (chickenpox) or present documented immunity from a reliable source. This could include a parent's statement that their child had previously had varicella disease.

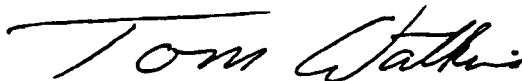
We would also like to alert you to a recent change in the immunization law that will go into effect in the 2002-2003 school year. Public Act 89 of 2000 mandates that an immunization assessment be done on each sixth grade student beginning with the school year 2002-2003. This new set of laws that amend the School Code, the Public Health Code, and the annual School Aid Act was passed so that there would be a means of assuring the children are adequately immunized against preventable disease before they reach adolescence when some of these diseases become a greater threat to their health.

Please direct questions about immunization requirements or requests for additional copies of informational materials to your local health department. Staff at MDOE are also available to discuss school immunization requirements and may be reached at 517-373-7247.

We appreciate your continued support and cooperation in ensuring that Michigan's school-aged children are properly immunized.



James K. Haveman, Jr.
Director
Department of Community Health



Thomas D. Watkins, Jr.
Superintendent of Public Instruction
Department of Education

Enclosures

c: Local Health Departments

ATTENTION

ALL SCHOOLS . . .

PLEASE READ IMMEDIATELY

A shortage of tetanus and diphtheria toxoids (Td) and tetanus toxoid (TT) in the United States has resulted because one of two manufacturers discontinued production of tetanus toxoid-containing products. This severe shortage is expected to last for the remainder of this year. As a result of this shortage, the Centers for Disease Control and Prevention (CDC) and the Michigan Department of Community Health (MDCH) have released interim recommendations for the administration of Td. The interim recommendations suspend all routine booster doses of Td for children and adults until at least 2002.

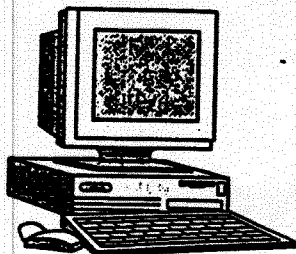
These interim recommendations mean that it will be necessary to suspend school rules which require all new school enterers seven years of age and older to have a booster of Td vaccine. Only new school enterers who have received less than three doses of any vaccine containing tetanus and diphtheria will be able to be immunized from the limited supply of Td vaccine that is available. There is no shortage of any other vaccines for school-aged children and all other immunization rules apply. Please note the enclosed materials in this packet may still reference the requirement for a Td booster. New school entrants who have not received a Td booster will be considered complete for this school year.

The School Immunization Recordkeeping System (SIRS) is a software application designed for schools and child care programs to process and report children's immunization records. The current version of SIRS is programmed to assess for Td boosters and report children who have not had a booster within ten years as incomplete. For the 2001-2002 school year only, please run the "List of Incompletes with Shot Records" in SIRS and submit with the IP-100 Summary Report. This will allow the local health department to manually count children who only need Td vaccine as compliant with the immunization requirements. Your local health department may request additional reports, such as the IP-100 "Full Detail Report." Please contact your local health department for details.

If you are submitting an IP-100 report form, complete the form as directed.

It is recommended that schools record the names of students whose booster dose is delayed due to the shortage. When Td supplies are restored, these students should be directed to see their health care provider for vaccination.

If you have any questions regarding these interim recommendations, please contact your local health department.



FREE to Schools & Child Care Centers

School Immunization Recordkeeping System (SIRS)

If you currently have a Windows version of SIRS, you should be using SIRS version 7.2. If you need an upgrade to the version you are currently using, or would like to begin using the software, please complete the form below. We will send you the software and documentation as soon as possible. SIRS is only available for use in a Microsoft Windows environment and not available in a DOS format.

Child Care Center
or School Name: _____

CIS Child Care License Number or
DOE Identification Number: _____

Contact Person and Phone #:

Name

Phone Number

Address: _____

Street Address

City

Zip Code

Are you currently using SIRS?

YES ☐

NO ☐

Please mail or fax the completed survey to:

Jacquelyn Perigo
Division of Communicable Disease & Immunization
Michigan Department of Community Health
3423 N. Martin L. King Jr. Blvd.
PO Box 30195
Lansing MI 48909
FAX: 517-335-9855



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DEPARTMENT OF COMMUNITY HEALTH

JAMES K. HAVEMAN, JR., Director

COMMUNITY LIVING, CHILDREN AND FAMILIES ADMINISTRATION

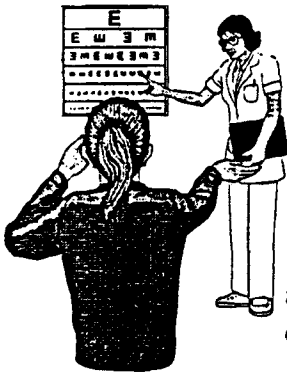
3423 N. MARTIN L. KING JR. BLVD.
PO BOX 30195
LANSING, MI 48909

MEMORANDUM

DATE: July 15, 2001

TO: Superintendents and Elementary School Principals of all Public, Private,
and Parochial Schools

SUBJECT: VISION SCREENING REPORTING FOR KINDERGARTEN NEW ENTRANTS



Since October 11, 1996, Michigan House Bill 5094 has required that children entering kindergarten present a statement to school officials confirming that they have received the MI Department of Community Health vision screen signed by a district, city, or county health department. Also, a licensed medical or osteopathic physician, or optometrist may sign a statement indicating that a child's eyes have been examined at least once after age three and before initial school entry. A parent may sign a statement that their child cannot be screened or tested due to religious convictions.

The law further requires that school officials report vision screening for all kindergarten (KD) or developmental kindergarten (KY) new entrants to the local health department by November 1 of each year. This report is to be submitted with the November immunization report.

Vision reporting can be done using the School Immunization Recordkeeping System (SIRS) software program. Vision screening information is recorded on the immunization data entry screen. A separate report will need to be run from the report menu. For those schools using the IP-100 Forms, a "Y" (Yes) or a "N" (No) is recorded in Column G next to the child's name.

The primary purpose of the vision screening requirement is early identification and prevention of visual problems in young children especially amblyopia (or "lazy eye") which can lead to permanent reduced vision.

For more information, please contact the hearing and vision coordinator at your local health department. You may also contact George Zarka, Vision Program Consultant for the Michigan Department of Community Health, at (517) 335-8482.

Please share this information with the person responsible for immunization reporting. Your cooperation and support are appreciated.

Required childhood immunizations for Michigan child care/preschool and school settings

Age → Vaccine ↓	Child care/preschool entry requirements					School entry requirements	
	Birth through 1 month	2 months through 3 months	4 months through 5 months	6 months through 14 months	15 months through 4 years	4 years through 6 years	7 years through 18 years
Diphtheria, Tetanus, Pertussis	None	1 dose DTaP or DTP	2 doses DTaP or DTP	3 doses DTaP or DTP	4 doses DTaP or DTP	4 doses one dose must be ≥ 4 yrs	4 doses D and T OR 3 doses Td if #1 given ≥ 7 yrs of age. Must have 1 dose within last 10 years
<i>H. influenzae</i> type b	None	1 dose	2 doses		1 dose ≥ 15 mo. OR completed series earlier	None	None
Polio	None	1 dose	2 doses		3 doses	3 doses one dose must be ≥ 4 yrs	3 doses
Measles, Mumps, Rubella*	None	None	None	None	1 dose ≥ 12 mo.	2 doses ≥ 12 mo.	2 doses ≥ 12 mo.
Hepatitis B	None†	1 dose	2 doses		3 doses	3 doses	3 doses
Varicella (Chickenpox)	None	None	None	None	1 dose ≥ 12 mo. OR current lab immunity OR reliable history of disease	Beginning 2002/2003 School Year, 1 dose if given ≥ 12 months of age and prior to 13 th birthday OR 2 doses if initiated ≥ 13 th birthday OR current lab immunity OR reliable history of disease	

* Current laboratory evidence of measles, mumps, or rubella immunity is acceptable instead of immunization with that antigen.

† Hepatitis B may be administered as early as birth.

This table represents the minimum required immunizations for schools and child care centers.

Michigan Department of Community Health
IMMUNIZATION REQUIREMENTS

A T T E N T I O N

Parent(s)/Guardian(s) of School Entrants
(Kindergarten & Entrants New to the School District in Grades 1-12)

To Enter School: State law* prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each: Measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, and **hepatitis B**.

To Stay in School: You must provide the school with a record showing that your child has received all of the following immunizations:

IMMUNIZATIONS	AGES 4 - 6	AGES 7 - 18
DIPHTHERIA, TETANUS & PERTUSSIS**	4 doses are required. If a dose was not given on or after the 4th birthday, a booster dose of DTP is required. Most children will have 5 doses.	4 doses are required. If a dose was not given in the last 10 years, a booster dose of Td is required.
POLIO	3 doses are required. If the last dose was not given on or after the 4th birthday, a booster dose is required. Most children will have 4 doses.	3 doses are required.
MEASLES, MUMPS & RUBELLA	2 doses are required. The 1st dose must be given on or after the 1st birthday. The 2nd dose must be given at least 28 days from the 1st dose.	2 doses are required. The 1st dose must be given on or after the 1st birthday. The 2nd dose must be given at least 28 days from the 1st dose.
HEPATITIS B	3 doses are required.	3 doses are required.
VARICELLA (CHICKENPOX)***	Effective 2002/2003 school year, 1 dose required on or after 1st birthday.	Effective 2002/2003 school year, only 1 dose required if received on or after the 1st birthday but prior to the 13th birthday OR 2 doses required, administered at least 28 days apart, if the child received the 1st dose on or after the 13th birthday.

CHILDREN who have not received the required immunizations **WILL BE EXCLUDED** from school **UNTIL** parents provide proof that **ALL REQUIRED IMMUNIZATIONS** have been **GIVEN**, or have a waiver on file.

*Part 92, Act 368 of the Public Acts of 1978, as amended.

**Children ages 4-6 must have received 4 doses of pertussis. DT is only accepted if a signed waiver is on file for that particular dose of pertussis vaccine.

***Reliable history of chickenpox disease is acceptable in lieu of the vaccine.



IMMUNIZATION WAIVER FORM

INSTRUCTIONS TO PARENTS OR GUARDIANS:

Vaccine-preventable diseases are still with us. In many cases, they cause disability or death. Immunizations are one of our most cost-effective measures to protect children from harmful disease. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person in *loco parentis* applying to have a child registered for the first time in a Michigan school or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or not later than the first day of school or program enrollment, a certificate of immunization verifying that the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, poliomyelitis and hepatitis B. Vaccination for *Haemophilus influenzae* type b and varicella (chickenpox) are also required for preschool-aged children.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. That child will be subject to exclusion from the school or program if an outbreak of a vaccine-preventable disease to which he or she is susceptible occurs.

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination.

I object to having my child, _____, born _____, immunized against the diseases I have checked below: (First & Last Name) (Birth Date)

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b |
| <input type="checkbox"/> Varicella (chickenpox) | | |

Reason: _____

Parent(s)/Guardian(s) Name: _____

Address: _____ Telephone: _____

Child's Address: _____ Telephone: _____

If different from parent/guardian

Parent or Guardian's Signature _____

Date Signed _____

Preschool Program or Licensed Day Care Center OR School Name _____

File in the child's permanent record and attach copy to IP-100 or IP-101 report that is sent to the local health department.



FORMULARIO PARA EXONERACIÓN DE INMUNIZACIÓN

Instrucciones para los Padres o Apoderados:

Enfermedades que se pueden prevenir con vacunas están todavía entre nosotros. En muchos ellas causan impedimentos físicos o muerte. Las vacunas están entre las formas más efectivas para proteger a los niños de enfermedades dañinas. La mayoría de los niños tienen que ser vacunados para prevenir brotes de enfermedad en las escuelas, o en los lugares en donde los niños trabajan y juegan juntos.

Las secciones 9208 y 9211 de las regulaciones del Departamento de Salud de Michigan requieren que los padres, guardianes, o las personas encargadas de registrar a los niños para la primera vez en una escuela en Michigan, o en programa de "day care," o campamento en este estado tienen que presentar al tiempo de la registración o no más tarde que el primer día de clases o de atención al programa en que se registra, un certificado de vacunaciones confirmando que el niño ha sido ya vacunado contra la difteria, el tétano, la tosferina, el sarampión, las paperas, la rubeola, poliomielitis y la hepatitis B. Vacunación para "*Haemophilus influenzae*" tipo "b" y Varicella (Chickenpox) son también requerido para los niños de edad pre-escolar.

Un padre o guardian que desee exonerar a su niño (niña) de una vacunación en particular tiene que proveer una declaración escrita indicando sus objeciones religiosas o filosóficas para la vacunación. Un niño que ha sido exonerado de una vacuna es considerado susceptible para la enfermedad o enfermedades para las que la vacuna ofrecía protección. Este niño será excluido de la escuela o programa al que atiende si se presentara un brote de enfermedad prevenible por vacunación para la cual el sea susceptible.

Al Firmar esta Exoneración, Usted reconoce que está poniendo a su niño(a) y a muchos otros en riesgo de sufrir serias enfermedades si es que el o ella se contagian de la enfermedad que pudo ser prevenida con vacunación apropiada.

Yo no deseo que mi hijo(a) _____ nacido el _____ sea inmunizado(a) para las enfermedades que yo marco a continuación: (Primer nombre y apellido) (Fecha de nacimiento)

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Difteria | <input type="checkbox"/> Sarampión | <input type="checkbox"/> Poliomielitis |
| <input type="checkbox"/> Tétano | <input type="checkbox"/> Paperas | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Tosferina | <input type="checkbox"/> Rubeola | <input type="checkbox"/> <i>Haemophilus influenzae</i> tipo "b" |
| <input type="checkbox"/> Varicella (chickenpox) | | |

Por la siguiente razón: _____

Nombre del padre o apoderado(a): _____

Dirección: _____ Teléfono: _____

Dirección del niño(a): _____ Teléfono: _____

Si es que es diferente de los padres o apoderados

Firma del padre o apoderado

Fecha en que firma

Nombre del distrito escolar, de la escuela, del centro de cuidado infantil, o del programa pre-escolar.

Archivar en el record permanente del niño. Y adjuntar una copia a las formas IP-100 o IP-101 que son enviadas al Departamento de Salud Local.



Medical Contraindication Form

Michigan immunization law requires that a child enrolled in a school or child care center be immunized against the diseases specified unless a valid exemption applies. A child is exempt from these requirements for any specific immunization for any period of time for which a physician certifies that a specific immunization is or may be detrimental to the child's health. Any child with a medical contraindication to a particular vaccination is considered susceptible to that vaccine-preventable disease, and is subject to exclusion from school or center if an outbreak of the disease occurs in the school or center.

PLEASE PRINT:

NAME OF CHILD (Last, First, Middle Initial)	BIRTH DATE (Mo/Day/Yr)
Preschool Program Or Child Care Center or School Name:	

The following immunization(s) are medically contraindicated and constitute a threat to the child's health:

Reason for exemption:

The exemption shall continue until (Mo/Day/Yr):

PRINT NAME & ADDRESS OF PHYSICIAN	TELEPHONE ()
PHYSICIAN'S SIGNATURE	DATE

File in the child's permanent record and attach copy to IP-100/101 form.





Formulario Para Exoneración Por Contraindicación Médica

Las leyes de vacunación en Michigan requieren que todo niño registrado en una escuela o centro de cuidado infantil sea vacunado contra las enfermedades especificadas, a no ser que aplique al caso una excepción válida. Un niño esta exonerado de los requerimientos para vacunaciones especificas por el periodo de tiempo por el cual el médico certifica que tal inmunización especificada es, o podria ser, dañina para la salud del niño. Un niño que tiene una contraindicación médica para una vacuna especificada, es considerado(a) susceptible para esa enfermedad que pudo ser prevenida para vacunación, y podria ser excluido de la escuela o programa en caso de ocurrir un brote de esta enfermedad en la escuela o programa.

Por Favor, escriba con letra de imprenta:

NOMBRE DEL NIÑO(A) (Apellido, nombre, inicial del segundo nombre)	FECHA DE NACIMIENTO (Mes/Día/Año)
Nombre del programa pre-escolar o centro de cuidado niños o distrito escolar:	

Las siguientes vacunas son medicamento contraindicadas y constituyen un atentado a la salud del niño:

Razones para la exoneración:

Esta exoneración deberá continuar hasta (Mes/Día/Año):

ESCRIBA EN IMPRENTA EL NOMBRE Y DIRECCIÓN DEL MÉDICO	TELÉFONO ()
FIRMA DEL MÉDICO	FECHA DE FIRMA

Poner en el archivo permanente del niño, y adjuntar una copia a las formas IP-100 o IP-101.

New requirement for varicella (chickenpox) vaccination

Varicella vaccination or proof of immunity will be required for:

- children between 15 months and five years of age who are cared for in state-licensed or registered child care and preschool programs, beginning **January 1, 2000**.
- children who are entering a new school district on or after **January 1, 2002**.

Children may receive varicella vaccine at any visit on or after their first birthday.

Proof of immunity: A parent's statement that the child had has chickenpox is sufficient documentation.

Please start NOW to immunize all children against chickenpox !

6th grade assessment to be required in 2002

Beginning with the 2002-2003 school year, schools in Michigan will be required to assess and report the immunization status of all 6th grade students, in addition to the new school entrants, including kindergartners, whom they currently assess.

In the fall of 2002, all 6th graders must have documentation showing that they have had the following immunizations:

- √ Two doses of MMR
- √ Three doses of hepatitis B
- √ Complete series of DTaP/Td with one dose in the last 10 years
- √ Three doses of polio
- √ One dose of varicella (or history of the disease)

This new requirement will help assure that school-aged children are up-to-date and protected against vaccine-preventable diseases.



March 2001

Vaccine Terminology

VACCINE ABBREVIATIONS AND/OR COMMON NAMES

SYNONYMS OR BRAND NAMES

VARICELLA:	Chickenpox.....	Varivax VZV
DTP:	Diphtheria Tetanus (lockjaw) Pertussis (whooping cough)	Tri-Immunol DTwP
DTaP:	Diphtheria & Tetanus Toxoid & acellular Pertussis.....	Tripedia ACEL-IMUNE Infanrix Certiva
DT:	Diphtheria-Tetanus.....	DT Pediatric
DTP/HIB:	DTP/ <i>Haemophilus influenzae</i> type b.....	Tetramune DTP/ActHIB
DTaP/HIB*:	DTaP/ <i>Haemophilus influenzae</i> type b.....	TriHIBit
Td:	Tetanus-diphtheria.....	Td (Adolescent/Adult)
HEP A:	Hepatitis A.....	Havrix VAQTA HAV
HEP B:	Hepatitis B.....	HB Vaccine Recombivax HB Engerix B HBV
HIB:	<i>Haemophilus influenzae</i> type b.....	HbCV ProHIBit PRP-D Pedvax-HIB PRP-OMP HibTITER HbOC OmniHIB PRP-T ActHIB PRP-T
HIB/HEP B:	<i>Haemophilus influenzae</i> type b/Hepatitis B.....	COMVAX
MMR:	Measles/Mumps/Rubella Combination.....	MMR MMR II
	Measles (Rubeola)	Attenuvax
	Mumps.....	MumpsVax
	Rubella (German Measles).....	Meruvax Meruvax II

*Licensed for use as 4th dose only, as of 5/16/97

Continued on other side

VACCINE ABBREVIATIONS AND/OR COMMON NAMES**SYNONYMS OR BRAND NAMES**

	Measles/Rubella Combination.....	M-R-VAX II
	Mumps/Rubella Combination.....	Biavax II
OPV:	Oral Polio Vaccine.....	Sabin TOPV Trivalent Oral Polio Orimune
IPV:	Inactivated Polio Vaccine.....	Salk Inactivated IPOL I-IPV EIPV Poliovax
RV:	Rotavirus.....	Rotashield
	PNEUMOCOCCAL POLYSACCACHARIDE (PNEUMONIA).....	Pneumococcal Polysaccacharide PNU-Imune 23 Pneumovax
	PNEUMOCOCCAL CONJUGATE.....	Prevnar PCV PCV-7
	INFLUENZA.....	Fluzone Fluimune Fluogen FluShield Fluvirin

NOTICE OF IMMUNIZATION DEFICIENCY

Date: _____

To the Parent(s)/Guardian(s) of _____

Michigan law requires all children be immunized against vaccine-preventable diseases to attend pre-school programs or licensed child care centers, or to enter kindergarten or a new school district in grades 1 - 12.

The current vaccination dates on file for your child are listed below:

DTaP/DTP/DT/Td: _____

Polio: _____

MMR: _____

Hib: _____

(Preschool programs and licensed child care centers only)

Hepatitis B: _____

Varicella (chickenpox): _____

(If your child has had chickenpox disease, they do not need to have the varicella vaccine.)

Parent/Guardian: ☐
Check box if your child has
had chickenpox.

Children who have not received the required vaccinations that are checked below will be excluded until they are received. According to our records, your child needs the following immunization(s):

- | | | |
|---|--------------------------------|--------------------------------------|
| <input type="checkbox"/> DTaP/DTP | <input type="checkbox"/> Polio | <input type="checkbox"/> MMR |
| <input type="checkbox"/> Td | <input type="checkbox"/> Hib | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Varicella (chickenpox) | | |

Take this form and your child's immunization record to your doctor or local county health department, then bring the updated record to your child's school, preschool, child care center, or Head Start program.

NOTA DE DEFICIENCIA DE IMMUNIZACION

La Fecha: _____

A los Padres/Apoderados de _____

La ley de Michigan requiere que todos los niños sean inmunizados contra enfermedades evitables de vacunas para atender programas preescolares o centros licenciado de cuidar niños, o para entrar jardín de infantes o un nuevo distrito escolar en grados 1-12.

Las fechas de vacunacion actuales en archivo para su niño estan listados a continuacion:

DTP/DTaP/DT/Td: _____

Polio: _____

MMR: _____

Hib: _____

(Los programas preescolares y los centros de cuidar niños solamente.)

Hepatitis B: _____

(Actualmente es requerido para preescolar y centros de cuidar niños; requerido para attender escuela el premir dia de Enero, 2000)

Varicella (chickenpox): _____

(Si su niño ha tenido la enfermedad de varicela (chickenpox), no necesita tener la vacuna de varicela; requerido para attender escuela el premir dia de Enero, 2000)

Padre/Apoderado: ☐
Marque la caja si su niño ha
tenido las varicela
(chickenpox)

Los niños que no han recibido las vacunaciones requeridas que estan marcados debajo estaran excluidos hasta que esten recibidos. De acuerdo con neustros registros, su niño necesita las siquientes inmunizaciones.

☐ DTP/DTaP

☐ Polio

☐ MMR

☐ Td

☐ Hib

☐ Hepatitis B

☐ Varicella (chickenpox)

Tome este forma y su registro de inmunizacion de niño a su doctor o su departamento de salud de condado local, entonces traen el registro actualizado a la escuela de su niño, centro de cuidar niños, preescolar, o programa de Comienzo de Cabeza (Head Start).